



## Council Report

To: The Honorable Mayor and City Council

From: Michael A. Etienne, Esquire, City Clerk

Date: January 22, 2013

**RE: ST JAMES CATHOLIC CHURCH CARNIVAL – SPECIAL PERMIT REQUIRED**

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### **RECOMMENDATION**

The City Clerk recommends approval and asks that the City Council consider the approval of the attached request for the St. James Catholic Church annual carnival to be held on February 14, 15, 16 and 17, of 2013.

### **ADDITIONAL INFORMATION**

Application is in good order pursuant to Chapter 11, Code of Ordinances, City of North Miami.

### **ATTACHMENTS**

- 1) Letter of Request
- 2) Application for carnival permit and site plan
- 3) Certificate of Insurance



## *St. James Catholic Church*

540 N.W. 132ND STREET • MIAMI, FLORIDA 33168  
TEL. (305) 681-7428 • FAX (305) 685-0631



January 3, 2013

Mr Stephen E. Johnson  
City Manager  
776 NE 125<sup>TH</sup> Street  
North Miami, FL 33161

Dear Mr Johnson,

The Annual festival for St James Catholic Church is scheduled for February 14, 15, 16, 17, 2013. We are therefore requesting to be on the agenda to appear before the City Council at the next available date.

We will hold the festival on Church grounds and will consist of rides; provided by J & J Amusements, food booths, games and Arts and Crafts. The entire proceeds will be used for Church and School projects.

Thanking you in advance for your permission to appear before City Council.

Sincerely Yours,

*Rev. Fr. Hector A. Perez*

Rev. Fr Hector Perez  
Assoc. Pastor

## CITY OF NORTH MIAMI

## APPLICATION FOR CARNIVAL PERMIT

776 N.E. 125 STREET

1. Date: 01-03-2013
2. Organization Name: ST JAMES CATHOLIC CHURCH
3. Organization Address: 540 NW 132 STREET - N. MIAMI FL 33168
4. Organization Phone No.: 305 681 7428
5. Name and Address of Applicant or Officers: \_\_\_\_\_

NAME	TITLE	ADDRESS CITY/ZIP	PHONE NO.
MSGR JEAN PIERRE	PASTOR	540 NW 132 ST	786 417 9594
REV. HECTOR PEREZ	ASST-PASTOR	540 NW 132 ST	305 681 7428

6. Name and Address of Person or Persons who will manage, control or direct the carnival to be transacted in the City of North Miami:

JOHN A. RICHARDSON - J & S AMUSEMENTS - P.O. BOX 485 - NEW MIDDLETOWN, OH 44130

REV. MSGR JEAN PIERRE - 540 NW 132 ST - N. MIAMI FL 33168

7. Scope of Carnival: THE CARNIVAL IS HELD TO RAISE FUNDS FOR THE SCHOOL FACILITY AND OTHER CHURCH PURPOSES  
IT ALSO SERVES AS AN ANNUAL GATHERING FOR PARISH MEMBERS AND THE PEOPLE WITHIN THE COMMUNITY AREA.

8. Dates of Carnival: FEB 14-15-16-17, 2013
9. Hours of Carnival: THURS 6-10PM, FRIDAY 6-11PM, SAT 3-11PM, SUNDAY 3-10PM

9. Letter of Request: YES
10. Site Plan: YES
11. Insurance Obtained: YES

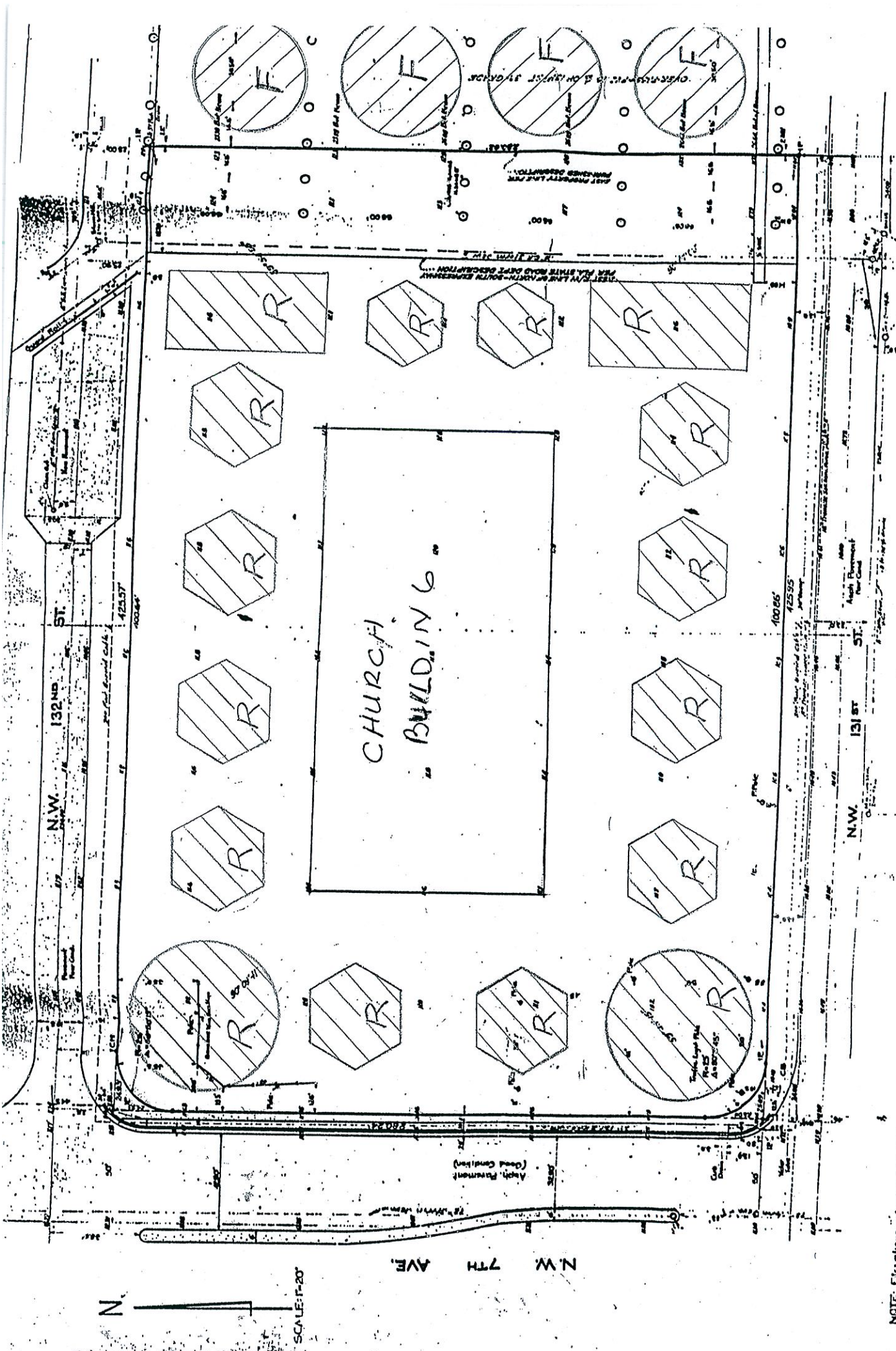
ST JAMES CATHOLIC CHURCH

BUSINESS NAME

Rev. H. Hector Perez

APPLICANT OR AUTHORIZED AGENT





NOTE: Elevation refers to M.S.L. 55.05 Datum

# **SURVEY**

OF A PORTION OF TRACT 'A' OF THE AMENDED PLAT  
OF PORTIONS OF NILEARN AND AVONDALE ACCORDING TO  
PLAT BOOK 49 PAGE 19 OF THE PUBLIC RECORDS OF DADE CO  
FLORIDA

C1616209

I hereby certify that the attached plat  
represents a true and correct survey

13155 N.W. 7th Ave

Jack L. Davis

MY  
JG  
R6



**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
12/18/12

PRODUCER Specialty Insurance LTD-T. Plouffe P.O. Box 16901 West Haven,, CT 06516	203-931-7095	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
INSURED John & Joyce Richardson dba J & J Amusements PO Box 485 New Middletown, Ohio 44442	<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: First Specialty Insurance Corporation		34916
	INSURER B: National Indemnity Company of The South		20087
	INSURER C:		
	INSURER D:		
		INSURER E:	

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b>	IRG99714-2	6/28/12	6/28/13	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 10,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 2,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b>	70APS032158	9/10/12	9/10/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
		<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

Saint James Catholic Church & School is listed as an additional insured for general liability as required by written contract with the named insured, but only in accordance with the policy terms, conditions & exclusions.  
Date of Event: February 11-18, 2013

**CERTIFICATE HOLDER**

Saint James Catholic Church & School  
540 NW 132 Street  
North Miami, FL 33168

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Thomas A. Plouffe